

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



December 7, 1978

ALL-COUNTY LETTER NO. 78-52

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: STATISTICAL REPORTING OF CUBAN REFUGEE CASES BECAUSE OF PHASEOUT

REFERENCE:

This All-County Letter supersedes the GR 237 reporting instructions as noted in Item 1.c. of All-County Letter No. 78-23. The new reporting instructions are as follows:

Effective with the December 1978 report month, cases that are transferred to the General Assistance/General Relief (GA/GR) Program should be separately footnoted to indicate: C.R.P. (cases)_____, (persons) _____, (county amount) \$_____.

The remaining expenditures for the above cases, according to the phasedown schedule for non-federal assistance costs, should be footnoted at the bottom of the form as "Amount of federal share for C.R.P. cases \$_____". This footnote will be required until completion of the phaseout plan for this refugee program.

Do not report any ongoing statistical information for C.R.P. cases in Part I "General Relief", Section A "General Home Relief (GHR) Caseload Movement and Expenditures", Items 1 through 6; or in Section B "Other General Relief", Item 7. However, the county expenditures for CRP are to be included in the Total General Relief Expenditures amount.

Attached is a sample GR 237 form with the required footnotes.

The reporting of C.R.P. cases transferred to the AFDC Program on Forms CA 237-FG/U and CA 237-BHI, "AFDC Caseload Movement and Expenditures Report", and the reporting of transferred C.R.P. cases on Form DFA 296, "Food Stamp Program Monthly Statistical Report", as instructed in All-County Information Notice No. I-88-77, dated October 14, 1977, and All-County Letter No. 78-23, dated June 26, 1978, remain in effect.

Aid to the Potentially Self-supporting Blind (APSB) and Aid for the Adoption of Children (AAC) Relinquishment Adoptions Programs:

Should any C.R.P. cases be transferred to the above programs, contact the Data Management and Analysis Bureau at (916) 322-2230 for necessary reporting instructions.

Any questions regarding this All-County Letter should be directed to the Data Management and Analysis Bureau at (916) 322-2230.

Sincerely,

A handwritten signature in dark ink, appearing to read "R. E. Reich", is written over the typed name.

R. E. REICH
Deputy Director

Attachment

cc: CWDA

CASELOAD AND EXPENDITURES REPORT**General Relief and Aid to Potentially
Self-Supporting Blind****SEND ONE COPY TO:**

Department of Benefit Payments
Data Management and Analysis Bureau
744 P Street, Mail Station 12-81
Sacramento, California 95814

COUNTY _____

FOR MONTH ENDING (MONTH _____ DAY _____ YEAR _____)

PART I. GENERAL RELIEF**SECTION A. GENERAL HOME RELIEF (GHR) CASELOAD MOVEMENT AND EXPENDITURES**

1. Cases brought forward from last month (Item 5 last month, or explain) _____
2. Cases added during month (Sum of a, b, & c, below) _____
- a. New or Reapplication _____
- b. Restored _____
- c. Other approvals _____
3. Total during the month (Sum of 1 & 2; also a plus b, below) _____
- a. Received GHR (Same as Item 6, Column (A) Total) _____
- b. Did not receive GHR _____
4. Cases discontinued during month _____
5. Cases carried forward to next month (3 minus 4) _____

	CASES (A)	PERSONS (B)	AMOUNT (C)
6. Total General Home Relief (1) + (2); also a + b			\$ _____
(1) Amount in Cash	XXX	XXX	(_____)
(2) Amount in Kind	XXX	XXX	(_____)
a. Family Cases			_____
b. One-person Cases			_____
SECTION B. OTHER GENERAL RELIEF C.R.P.			\$ _____
7. Miscellaneous General Relief			\$ _____
8. Nonreimbursed Interim Assistance Program Expenditures			\$ _____
TOTAL GENERAL RELIEF EXPENDITURES (Sum of 6 + 7 + 8) + (C.R.P.)			\$ _____

PART II. APSB

1. Persons receiving cash grant _____
2. Total net expenditures \$ _____

PERSON TO CONTACT REGARDING THIS REPORT _____

TELEPHONE NUMBER _____

DATE PREPARED _____